

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | ★ | | ★ | | ★ | |
|--------------|----------|------|------------------------|------|------------------------|------|--------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND | | | | | | | TOTAL IND | | | | | | |
| TOTAL DEP | | | | | | | TOTAL DEP | | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS